

SECRET

PERSONALITY		FILE REQUEST																														
TO	RI/ANALYSIS SECTION	DATE	12 APR 1957																													
FROM		ROOM NO.	1512K																													
INSTRUCTIONS: Form must be typed or printed in block letters.																																
SECTION I: List 201 number, name, and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.																																
SECTION II: List cryptonym or pseudonym if assigned. If true name is sensitive, fill in the 201 number and Section II only. If true name is non-sensitive, both Sections I and II must be completed.																																
SECTION III: To be completed in all cases.																																
SECTION I																																
NAME (Last) (First) (Middle) (Title)																																
NAME VARIANT																																
NAME (Last) (First) (Middle) (Title)																																
<table border="1"> <tr> <td>PHOTO</td> <td>4-</td> <td>BIRTH DATE</td> <td>5-</td> <td>COUNTRY OF BIRTH</td> <td>6-</td> <td>CITY OR TOWN OF BIRTH</td> <td>7-</td> <td>OTHER IDENTIFICATION</td> <td>8-</td> </tr> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8">OCCUPATION/POSITION</td> <td>OCC/POS. CODE</td> </tr> </table>				PHOTO	4-	BIRTH DATE	5-	COUNTRY OF BIRTH	6-	CITY OR TOWN OF BIRTH	7-	OTHER IDENTIFICATION	8-	<input type="checkbox"/> YES	<input type="checkbox"/> NO									OCCUPATION/POSITION								OCC/POS. CODE
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<input type="checkbox"/> YES	<input type="checkbox"/> NO																															
OCCUPATION/POSITION								OCC/POS. CODE																								
SECTION II																																
CRYPTONYM OR PSEUDONYM CARCER AT 001																																
SECTION III																																
COUNTRY OF RESIDENCE		10. ACTION DESK	11. 2ND CITY INTEREST	12. 3RD CITY INTEREST	13A.																											
		EE/G/E-4																														
COMMENTS: <i>Standard</i>																																
<input type="checkbox"/> OPEN FILE <input type="checkbox"/> RESTRICTED FILE <input type="checkbox"/> SIGNATURE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO																																
FORM NO. 831-TEST 11 NOV 55																																
SECRET																																

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 NAZI WAR CRIMES DISCLOSURE ACT
 DATE 2005

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